	AMENDED	)
C	EPA	

## POTENTIAL HAZARDOUS WASTE SITE TENTATIVE DISPOSITION

REGION SITE NUMBER

NY000001440

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking

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File this form in the regional Hazardous waste Log File and Subint a copy to System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.									
		I. SITE IDENTIF	ICATION						
A. SITE NAME	B. STREET								
	AIRCO AL		D. STATE E. ZIP CODE						
NIAGARA FALLS,	NEWY	<b>MK</b>		1430	21				
		II. TENTATIVE D	ISPOSITION						
Indicate the recommended action(s)	and agency(ies	) that should be in	rvolved by ma	rking 'X' i	n the appro	opriate box	ces.		
		,	EPA	STATE	LOCAL	PRIVATE			
RECC	NOITAGNAMMO			MARK'X'	EFA				
A. NO ACTION NEEDED NO HAZAR									
B. INVESTIGATIVE ACTION(S) NEED	ED (If yes, comp.	lete Section III.)							
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)						$\times$	<u> </u>		
ENFORCEMENT ACTION NEEDED D. be primerily managed by the EPA or is anticipated.)	(if yes, specify a the State and wh	in Part E whether the at type of enforceme	e case will nt action		·				
E. RATIONALE FOR DISPOSITION			•						
							•		
				•					
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	•		-						
A 1.				ż					
F. INDICATE THE ESTIMATED DATE	E OF FINAL DISF	POSITION	G. IF A CASE ESTIMATE	DEVELOP	MENT PLA	N IS NECES	SSARY, IND	VELOPED	
(mo., day, & yr.)			(mo,, day, &						
H. PREPARER INFORMATION	•		L						
1. NAME			2. TELEPHO		•	3. D	ATE (mo., de		
GEORGE B. RAD				64-1	576	4	112/2	80	
	TTT. II	NVESTIGATIVE A	CTIVITY NE	EDED		<del> </del>			
A. IDENTIFY ADDITIONAL INFORMA		O AURIEVE A FINA	5.5. 531116	•					
SEE ENCLOSURE.	\$					•			
	•							• • • • • •	
v Antonio									
B. PROPOSED INVESTIGATIVE ACT	IVITY (Detailed )	nformation)		_ <del></del>					
B. FROFOSED INVESTIGATIVE ACT		3. TO BE							
1. METHOD FOR OBTAINING	ACTION	PERFORMED BY	4. ESTIMATED			5. REMARK	<s -<="" td=""><td></td></s>		
NEEDED ADDITIONAL INFO.	(mo,day, & yr)	tractor, State, etc.)	MANHOURS	<del></del>					
a. TYPE OF SITE INSPECTION			h :	1	_	***		_	
			<u> </u>		<del></del> ·				
(2)									
(3)		9 - 4 14				<del></del>	·		
b. TYPE OF MONITORING		. 1							
(1)		<del> </del>	<del> </del>				<del></del>	·	
∮ (2)									
c. TYPE OF SAMPLING									
(1)			<del> </del>	<u> </u>			362539 	, 	
•	1	j	l '	1			441		

Continued From Front								
• III. INVESTIGATIV	E ACTIVI	EEDED a	nd PART B-PRO	POSED INVES	TI	E ACTIVI	TY (Continued)	
d. TYPE OF LAB ANALYSIS				.			<u>.</u>	
(1)	_						<u> </u>	
(2)					•			
e. OTHER (specily)								
(1)								
						-		
(2)			IN DADE S (on fo	254 ( shows) AS I	MEEDED T	OIDENTI	EV ADDITIONAL	
C. ELABORATE ON ANY OF THE INVESTIGATIVE WORK.	INFORMATIO	N PROVIDED	IN PART B (on In	ont & above) AS	NEEDED I	OIDENT	FT ADDITIONAL.	
		•						
D. ESTIMATED MANHOURS BY AC	TION AGENC	<del></del>						
D. ESTIMATED MANHOURS B. AC	2.	TOTAL ESTI	MATED				2. TOTAL ESTIMATED MANHOURS FOR	
1. ACTION AGENCY		INVESTIGAT ACTIVIT	IVE	1. ACTION AGENCY			INVESTIGATIVE ACTIVITIES	
s. EPA			ъ. sт	ATE			,	
G. E.A				HER (specify)				
c. EPA CONTRACTOR			a. 01	HER (specify)		.*		
	<u> </u>	117	REMEDIAL ACT	TIONS				
A. SHORT TERM/EMERGENCY ST					led to bring	site unde	r immediate control. e.g., re-	
A. SHORT TERM/EMERGENCY ST strict access, provide alternate	Water supply,	etc. See inst	uctions for a list o	f Key Words for	each of the	actions to	be used in the space below.	
	2. EST.	3. EST.	4. ACTION AGENCY			e speci	FY 311 OR OTHER ACTION;	
1. ACTION	START DATE	END DATE	(EPA, State,	5. ESTIMATE	D COST	INDICA	TE THE MAGNITUDE OF	
	(mo,day,&yr)	(mo,day,&yr)	Private Party)	<u> </u>		<u> </u>	HE WORK REQUIRED	
				\$				
		<i>:</i>		<u> </u>				
			·	\$				
			•	\$				
	1.7			\$	\$			
				\$		,		
				\$				
B. LONG TERM STRATEGY (On Si See instructions for a list of Key	te & Off-Site): Words for eac	List all long	g term solutions, e. ns to be used in th	g., excavation, r e spaces below.	emoval, gro	und water	monitoring wells, etc.	
	2. EST.	3. EST.	4.					
1. ACTION	START DATE	END DATE	ACTION AGENCY (EPA, State	5. ESTIMATE	D COST	6. SPECIFY 311 OR OTHER ACTI INDICATE THE MAGNITUDE O THE WORK REQUIRED		
1. ACTION		(mo,day,&yr)	Private Party)					
CLOSURE PLAN SUBMITTED (#) =			Airco INC	\$	\$			
CAPPING/COVERING			4. *	\$		1		
				ļ*	· · ·	<b> </b>		
				\$				
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		,		\$	\$			
				\$			s	
C. ESTIMATED MANHOURS AND C	OST BY ACT	ION AGENCY		<u> </u>	<u> </u>			
2. TOTAL EST.	I		<u> </u>		2. TOTAL	EST.	3 TOTAL FOT COST	
MANHOURS FOR REMEDIAL ACTIVITIES	l F	EST. COST OR ACTIVITIES	1. ACTION	AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES		3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	
a. EPA			b. STATE			-		
•*			d. OTHER (sp	ecity)	<del> </del>		·	
C. PRIVATE PARTIES						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		